

**OHIO DOMINICAN UNIVERSITY
FACULTY RECOMMENDATION FORM**

Education Candidate Name _____

Name of person completing form _____

Role of person completing form Faculty member Cooperating Teacher Other: _____

Course taught with student _____ Semester taken _____
(please specify university if not ODU)

Check the level most appropriate for the student based on his/her performance in your class for each of the dispositions listed below.

Disposition	Seldom or never/ Poor	Making progress Below Average	Usually shows/ Good	Consistently shows/ Very Good	Excellent	NA
Maintains schedule with regular attendance and punctuality						
Completes assignments/tasks on time						
Follows instructions						
Shows evidence of responsibility and dependability						
Participates in instruction and is engaged in class						
Takes initiative and follows through with tasks						
Demonstrates skill in written communication						
Demonstrates skill in oral communication						
Works well with others						
Responds well to constructive criticism						
Communicates effectively and appropriately while demonstrating necessary social skills						

Based on the items listed above as well as other interaction with the education candidate, please select one of the following options below. Please add specific comments on the back of this form if you have reservations or do not recommend this student for admission.

_____ I feel confident in recommending this student for admission into professional education.

_____ I have reservations recommending this student for admission into professional education.

_____ I do NOT recommend this student for admission into professional education.

Signature: _____ Date: _____